

BOROUGH OF CONWAY

1208 Third Ave.
Conway, PA 15027-1598

Phone: (724) 869-5550
Fax: (724) 869-9959

BOROUGH OF CONWAY PUBLIC RECORD REVIEW/DUPLICATION REQUEST

This will request that the BOROUGH OF CONWAY provide me, the undersigned, with access to the following materials under the Open Records Act and the Borough's implemented regulations.

In compliance with applicable regulations, I promise to pay reasonable charges incurred for duplication costs.

Please print legibly

Date of Request: _____

Requester's Name: _____

Requester's Address: _____

Requester's telephone Number: _____

I request ___ review ___ duplication (check as appropriate) of the following records:

IMPORTANT: You must identify or describe the records with sufficient specificity to enable the Borough to determine which records are being requested. Use additional sheets if necessary.

I certify that I am a legal resident of the United States of America.

Signature of Requester

This request may be submitted in person, by mail by facsimile or e-mail to dmckay@conwaypa.org.